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APPLICATION FOR RECORDS RETENTION SCHEDULEOFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

| FOR AGENCY USE | | 1. Agency Address | FOR RECORDS MANAGEMENT USE | |
|--|--|--|------------------------------|-------------------------------|
| Application Date July 19, 1976 | | Georgia Department of Human Resources Division of Mental Health & Mental Retardation - Supportive Living Unit Room 534-H - 47 Trinity Avenue, S. E. Atlanta, Georgia 30334 | Application Number 76-270 | |
| Application Number DHR-110 | | | Date Received JUL 20 1976 | Date Completed AUG 10 1976 |
| 2. Person to Contact Ms. Linda Eller | | Working Title Clerk/Typist III | Telephone Number 656-4908 | |
| 3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void | | | | |
| 4. Dates of Series Earliest Latest 1971 to date | | 5. Records Series Title (followed by title used in office; if different) Supportive Living ^{Unit} Subject Files | | |
| 6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Mental Health and Mental Retardation administers the mental health, mental retardation and other developmental disabilities, drug abuse, alcoholism, and training and research programs. This Division is also concerned with community mental health, and the administration of the State mental hospitals, rehabilitation and retardation centers. The Mental Health Section personnel have the responsibility to provide program guidance and direction to all components of adult mental health programs in the State. The Supportive Living Unit has the responsibility to establish and promote semi-independent living arrangements (in lieu of State institutions) for clients needing the services of the Division of Mental Health and Mental Retardation. | | | | |
| 7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: administering the Supportive Living programs. Included are: originals and copies of correspondence and memoranda concerning administrative procedures and policy; notices that workshops will be held and evaluations of individual workshops, evaluations of the unit's progress and meeting notes. File is arranged: alphabetically by subject. | | | | |
| 8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>8-10</u> ; Seven to twelve months old <u>5-8</u> ; Thirteen to twenty-four months old <u>rare</u> ; twenty-five months and older <u>rare</u> ? | | | | |
| 9. Annual Rate of Accumulation of Records Letter-size drawers <u>3/4</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____ | | | | |

| YES | NO | 10. Questionnaire (Place an "X" in the proper column) |
|-----|----|--|
| X | | a. Is this the official copy of the series? If not, where is it? |
| | X | b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. |
| | X | c. Is this a vital record? |
| | X | d. Does this series have historical or long term research value? |
| | X | e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately? |
| | X | f. Is the information contained in this series ever published? If yes, attach copy. |
| | X | g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. |
| | X | h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? |
| | X | i. Is this series (or a major portion of it) regularly microfilmed? |
| | X | j. Does the record series result in a computer printout? |

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | 3 _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Needed for reference in continuing the programs of the Unit.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 2 _____ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

| Agency Head/Designee (Signature) | Date | Records Management Officer (Signature) | Date |
|--|---------|--|---------|
| <i>Tom D. Follen</i> | 7/16/76 | <i>Elizabeth N. Cissel</i> | 7/16/76 |
| | | State Records Committee (Signature) | Date |
| Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.) | | State Auditor/Designee | 8/5/76 |
| | | Secretary of State/Designee | 8/4/76 |
| | | Attorney General/Designee | 8-9-76 |